

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/031,920
Filing Date	01/22/2002
First Named Inventor	Lydon et al.
Title	"Filter Element Fixation."
Group Art Unit	
Examiner Name	
Attorney Docket Number	6051.61003

I hereby appoint:

☐ Practitioners at Customer Number  →

Place Customer  
Number Bar Code  
Label here

OR

☒ Practitioner(s) named below:

Name	Registration Number
Antonio R. Durando	28,409
William A. Birdwell	27,181
Garth E. Janke	40,662
Gavin J. Milczarek-Desai	45,801

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number  →

Place Customer  
Number Bar Code  
Label here

OR

☒ Firm or  
Individual Name

Durando Birdwell & Janke, P.L.C.

Address 2929 E. Broadway Blvd.

Address

City

Tucson

State

AZ

Zip

85716

Country

US

Telephone

520-881-9442

Fax

520-881-9448

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Richard Lydon

Signature

*[Handwritten Signature]*

Date

19<sup>th</sup> Feb. 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

\*... for Filter Presses"

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐

Declaration  
Submitted  
with Initial  
Filing

OR

☒

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number 6051-61003

First Named Inventor Lydon et al.

**COMPLETE IF KNOWN**

Application Number 10 / 031,920

Filing Date 01/22/2002

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FILTER ELEMENT FIXATION FOR FILTER PRESSES**

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

01/22/2002

as United States Application Number or PCT International

Application Number 10/031,920 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
GB 0012585.6 PCT/GB01/02264	Great Britain	05/23/2000 05/23/2001	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <u>Antonio R. Durando</u> <u>Durando Birdwell &amp; Janke, PLC</u>			
Address <u>2929 E. Broadway Blvd.</u>			
City <u>Tucson</u>	State <u>AZ</u>	ZIP <u>85716</u>	
Country <u>US</u>	Telephone <u>520-881-9442</u>	Fax <u>520-881-9448</u>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Richard Patrick</u>		Family Name or Surname <u>Lydon</u>	
Inventor's Signature <u>[Signature]</u>		Date <u>19/02/02</u>	
Residence: City <u>Handbridge</u>	State	Country <u>UK</u>	Citizenship <u>UK</u>
Mailing Address <u>MEADOWS HOUSE, BOTTOMS LANE</u> <u>127 Hartington Street, Handbridge, Chester</u>			
City	State	ZIP <u>CH4 7AP</u>	Country <u>UK</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>James Christopher</u>		Family Name or Surname <u>Edwards</u>	
Inventor's Signature <u>[Signature]</u>		Date <u>9.02.02</u>	
Residence: City <u>Accrington</u>	State	Country <u>UK</u>	Citizenship <u>UK</u>
Mailing Address <u>21 Albert Street, Accrington, Lancashire</u>			
City	State	ZIP <u>BB5 2HA</u>	Country <u>UK</u>
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			